

03-09-01



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
(Case No. 108195.128)

Inventor: Archibald L. J. Brain ) Examiner:  
Reissue of U.S. Patent No.: 5,878,745 ) Art Unit:  
Originally Issued: March 9, 1999 )  
Title: GASTRO-LARYNGEAL MASK )

\*\*\*\*\*

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.10

I hereby certify that the attached papers and fees are being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" Service under 37 C.F.R. §1.10 on March 8, 2001 and is addressed to: **BOX REISSUE**, Assistant Commissioner for Patents, Washington, D.C. 20231.

EL538704745US  
"Express Mail" Label No.

*Diana Hues*

\*\*\*\*\*

Box Reissue  
Assistant Commissioner For Patents  
Washington, D.C. 20231

TRANSMITTAL LETTER

Dear Sir:

Enclosed herewith for filing please find the following documents:

1. Reissue Patent Application Transmittal
2. Preliminary Amendment
3. Statement of Non-Assignment
4. Reissue Declaration
5. Offer to Surrender
6. Reissue Application Fee Transmittal Form
7. Copy of Specification pursuant to 37 C.F.R. §1.173(a)(1)
8. Copy of Drawings pursuant to 37 C.F.R. §1.173(a)(2)
9. Return Postcard

03/08/01  
J1031 U.S. PRO

09803452-030801

Transmittal Letter  
5,878,745  
March 8, 2001



No fees are believed to be due with this communication; however, please charge any additional fees or credit any overpayment associated with this matter to our Deposit Account No. 08-0219.

Respectfully submitted,  
HALE AND DORR LLP

A handwritten signature in dark ink, appearing to read "Nancy Chiu".

Nancy Chiu, Ph.D.  
Registration No. 43,545  
Agent for Applicants

Date: March 8, 2001  
60 State Street  
Boston, MA 02109  
(617) 526-6000  
(617) 526-5000 (fax)

diana havens - h:\chiu\_nancy\legal\docs\brain reissue 5,878,745.doc

03003452-030804  
FOI b7E-D 254E0860

03-12-01 03-12-01

EXPRESS MAIL LABEL NO. EL538704745US

DATE OF DEPOSIT March 2001

A/Rei

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE PATENT APPLICATION TRANSMITTAL

MAR 08 2001

Address to:

Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231

Attorney Docket No.

108195-1288

First Named Inventor

Archibald I.J. Brain

Original Patent Number

5,878,745

Original Patent Issue Date  
(Month/Day/Year)

March 9, 1999

Express Mail Label No.

EL538704745US

## APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

## APPLICATION ELEMENTS (37 CFR 1.173)

## ACCOMPANYING APPLICATION PARTS

1. ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent  
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?  
☐ Yes ☒ No  
(If Yes, check applicable box(es))  
☐ Written Consent of all Assignees (PTO/SB/53)  
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of  
(PTO/SB/96) Attorney

7. ☒ Statement of status/support for all changes to  
the claims. See 37 CFR 1.173 (c).
8. ☒ Original U.S. Patent for surrender (offer to  
surrender)  
☐ Ribbioned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
10. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
11. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. Other: .....

## 15. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

or ☐ Correspondence address below

Name

Nancy Chiu, Ph.D.

PATENT TRADEMARK OFFICE

Address

Hale and Dorr LLP  
60 State Street

City

Boston

State

MA

Zip Code

02109

Country

Telephone

Fax

NAME (Print/Type)

Nancy Chiu, Ph.D.

Registration No. (Attorney/Agent)

43,545

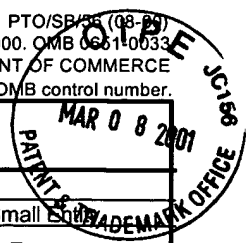
Signature

Date

March 8, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
108195-128

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 13	Total Claims (37 CFR 1.16(j))	(B) 29	**** 9 =	x \$ 9.00 =	81.00	or	x \$ ____ =
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 8	* 6 =	x \$ 40.00 =	240.00		x \$ ____ =
Basic Fee (37 CFR 1.16(h))					\$ 355.00		\$ ____
Total Filing Fee					\$ 676.00	OR	\$ ____

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee					\$	OR	\$	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.

☒ Please charge Deposit Account No. 08-0219 in the amount of \$ 676.00.  
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-0219.  
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

March 8, 2001

Date

*Nancy Chiu*

Signature of Applicant, Attorney or Agent of Record

Nancy Chiu, Ph.D.; PTO Reg. No. 43,545

Typed or printed name

108195-128